

INS. CASE OWNER:

CC 3/AIG1901 1406, Kdlb3

LKK:
IDAC:

Surveyor: Rehman DOI: 26/6/19 Date / Time: 26/6/19
Registered in Merimen: 28/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 7543T Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$S D.O.A : 26/6/19 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO. Driver Name / Age : _____ OI GIA REPORT: YES / NO : _____ TP GIA REPORT: YES / NO
Driver Tel No. : _____ (VL: YES / NO) Insured Liability : % Final ? Yes / No



INSRS:
WSP:
Tel : Trans
Liability : can
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>26/6/19</u>	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: \$S (_____ days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email Call

Final Liability: % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____
Repair Cost: \$S
Loss of Rental (LOR): \$S (_____ days)
Loss of Use (LOU): \$S (\$ x _____ days)
Loss of Income (LOI): \$S (\$ x _____ days)
LOR only LOU only LOR + LOU LOR + LO [Tick only one]
GIA/LTA Search \$S
Medical: \$S
Disbursement: \$S (e.g. Tow/ Independent) 1) Claim status: Normal/Reject/Private Settle
Legal Cost \$S 2) Report Format: _____
3) Survey fee: _____

Total: \$S **Global Sum \$S:**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$S Name 1: _____
Payee 2: (Strike if N.A.) \$S Name 2: _____
Payee 3: (Strike if N.A.) \$S Name 3: _____

ASS. REC. BY:

REF: AG /

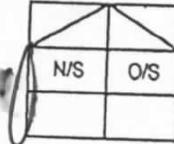
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Trans Cab
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 06 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14D127C Yr Regn: 08, 15
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____
 Make: Renault Latitude c.c. 1995
 Colour: M. White / RW A/C: Insured / Std / NI / NA
 Sp. Reading: 397913 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: VF1ABC15AUC · 282228

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inoper / Jammed / Leaked / Burnt or _____
 Brake: Inoper / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rlm / STD A/Rlm or _____

Tyre Size: F: 215/60R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Giti

Front		Rear
R/Bal. <u>7</u> mm		R/Bal. <u>8</u> mm
L/Bal. <u>7</u> mm		L/Bal. <u>8</u> mm
D.O.A. <u>25/6/19</u>		D.O.I. <u>26/6/19</u>

Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>File pass to</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Date/Time, File Return to?
 1) _____
 2) _____
 Report Format : _____
 Lump Sum / I.B.I. (\$) _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
\$ + RS. \$	_____
Fuel	_____
Others	_____
TOTAL	_____